

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		03/29/00
FEE DETERMINATION		19	7490
O.I.P.E. CLASSIFIER	DB	65373	6-1-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

APPLICANT'S

TITLE	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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